

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ¹/₂ correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Wester
 City or town Berlin Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Wester
 City or town Berlin Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

Kathi Brittingham
 4. Sex female 5. Color or race a.a. 6. (a) Single, married, widowed, or divorced widow
 6. (b) Name of husband or wife Henry Brittingham

3. (b) Social Security Number

no

7. Birth date of deceased (mo., day, yr.) May 5 1889
 8. AGE: Years 58 Months - Days -
 6. (c) If alive, give age - years
 If less than one day - hrs. - min.

9. Birthplace Berlin Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name William E Russell

13. Birthplace Berlin Md

14. Maiden name Jane Marney

15. Birthplace Berlin Md

16. Informant Mrs. Magdalene Piller

Address Philadelphia Pa

17. Burial Burial Date thereof Jan 19 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Bethel

Location Berlin Md

18. Funeral director James H. Stewart

Address Salisbury Md

19. 1-19- 48 Helen I. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-48 19 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-11-48 to 1-14-48
 and that I last saw h. er alive on 1-13-48 19 -

Immediate cause of death acute int nephritis
 DURATION

Due to Pneumonia, Bronchial

Due to Hypertension

Other conditions acute mental deterioration
 (Include pregnancy within 3 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

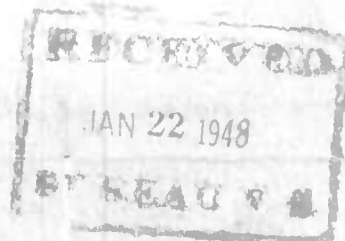
Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Clifford E. Oselt
 M. D. or other -

Address Berlin Md Date signed 1-15-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01022

Reg. Diat. No.

355

1. PLACE OF DEATH:

County Worcester
 City or town Shawell
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Shawell
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Daniel James Cathell

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteWidower

6. (b) Name of husband or wife

Annie Cathell

7. Birth date of deceased (mo., day, yr.)

April 29, 1960

8. AGE:

87

Years

Months

Days

If less than one day

2

hrs.

min.

9. Birthplace

Shawell
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

Geo Cathell

13. Birthplace

md.

MOTHER

14. Maiden name

Sarah Finch

15. Birthplace

md.

16. Informant

Harvey Cathell

Address

Shawell

17. (Burial, cremation, or removal. Which?)

Burial Date thereof Feb 2, 1948
(month) (day) (year)

Cemetery or crematory

DOOF

Location

Bishopville, Md.

18. Funeral director

Mr. Vasha Watson

Address

Shawell, Md.19. 2-2- 48
(Date rec'd by registrar)48Helen F. Hayward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 311948

at

5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw h. alive on

19

Immediate cause of death

DURATION

Chr. Myocarditis

Due to

Due to

Other conditions

Chr. Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Chas R. Saw

M. D. or other

Address

Berlin Md.

Date signed

2/5-48

RECEIVED
FEB 7 1948
ST. LOUIS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01023 955

1. PLACE OF DEATH:

County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Anna Brevard Dirickson Corbin

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife Werner Clay Corbin

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1875

8. AGE: Years 72 Months 11 Days 3 If less than one day hrs. min.

9. Birthplace Berlin Wor Co. md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. E. J. Dirickson

13. Birthplace Maryland

14. Maiden name Harnett Williams

15. Birthplace Maryland

16. Informant Mrs. Mattie France

Address Berlin md

17. Burial Date thereof 11/19/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Churchyard

Location Berlin md.

18. Funeral director Anna H. Burroughs

Address Berlin md.

19. 1-19-48 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 Jan 19 48, at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 47, to 17 Jan 19 48

and that I last saw him alive on 17 Jan 19 48

Immediate cause of death Acute Coronary Thrombosis

DURATION 10 min.

Due to

Due to

Other conditions Chronic Syphilis
Myocarditis
(Include pregnancy within 5 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. H. H. H.
M. D. or other

Address Berlin, Md. Date signed 19 Jan 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 22 1948

BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Rural, Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred: -
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Rural, Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Nancy Lee Custis

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Luther Custis

7. Birth date of deceased (mo., day, yr.) October 4, 1874 6.(c) If alive, give age - years

8. AGE: Years 73 Months 3 Days 0 It less than one day - hrs. - min.

9. Birthplace Parkley, Accomac, Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name William S. Hinman13. Birthplace Virginia14. Maiden name Harry C. Wessells15. Birthplace Virginia16. Informant Harry J. CustisAddress Pocomoke City, Md.

17. Burial Date thereof Jan. 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Yelson CemeteryLocation Rural Pocomoke18. Funeral director Henry H. WatsonAddress Pocomoke Md.

19. Jan. 6, 1947 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1948 at 1:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 to Jan 4 1948
 and that I last saw him Jan 3 alive on Jan 3 1948

Immediate cause of death Myocardial degeneration
Chronic arteriosclerosis
 Due to Chronic arteriosclerosis
Brain aneurysm

DURATION

Due to Chronic arteriosclerosis
 Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -
 Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE [Signature]
 M. D. or other -

Address [Signature] Date signed 1-5-48

RECEIVED

JAN 7 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01025 351

1. PLACE OF DEATH: County <u>Worcester</u> City or town <u>Snow Hill Rural #2</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>80 years</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Worcester</u> City or town <u>Snow Hill Rural #2</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2. (a) If veteran, name war <u>NO</u>	
3. (a) FULL NAME <u>Maggie Dickerson</u>		3. (b) Social Security Number <u>None</u>	
MEDICAL CERTIFICATION			
4. Sex <u>Female</u>		5. Color or race <u>Caucasian</u>	
6. (a) Single, married, widowed, or divorced <u>Widowed</u>		20. DATE OF DEATH <u>January 24</u> 19 <u>48</u> at <u>6:00</u> P.M.	
5. (b) Name of husband or wife <u>David Dickerson</u>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>January 23</u> 19 <u>48</u> to <u>January 24</u> 19 <u>48</u> and that I last saw him alive on <u>January 23</u> 19 <u>48</u>	
7. Birth date of deceased (mo., day, yr.) <u>Jan. 10 - 1868</u>		5. (c) If alive, give age _____ years	
8. AGE: Years <u>80</u> Months _____ Days <u>14</u> If less than one day _____ hrs. _____ min.		Immediate cause of death <u>Respiratory paralysis</u>	
9. Birthplace <u>Snow Hill, Worcester, Md.</u> (Town, county, and state)		Due to <u>Cerebral Vascular Accident</u>	
10. Usual occupation <u>Housewife</u>		Due to <u>Hypertensive Cardiovascular Disease</u>	
11. Industry or business <u>Own home</u>		Other conditions _____	
12. Name <u>Sim Corbin</u>		(Include pregnancy within 3 months of death)	
13. Birthplace <u>Maryland</u>		Major findings of operations _____	
14. Maiden name <u>Jan Atkinson</u>		_____	
15. Birthplace <u>Maryland</u>		Antopsy results _____	
16. Informant <u>Robert Corbin</u>		PHYSICIAN: Please underline the cause to which death should be charged statistically. _____	
Address <u>Snow Hill, Md. Rural #2</u>		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____	
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>Jan 27/48</u> (month) (day) (year)		Where did injury occur? _____ (City or town) _____ (County) _____ (State)	
Cemetery or crematory <u>St. Ann's Catholic Church</u>		Injured at home, farm, industry, public place (where?) _____	
Location <u>Snow Hill, Md. Rural</u>		Means of injury _____ Injured at work? _____	
18. Funeral director <u>Clay B. Thomas</u>		23. SIGNATURE <u>Robert L. La Mar, M.D.</u> M. D. or other _____	
Address <u>Snow Hill, Md.</u>		Address <u>Snow Hill</u> Date signed <u>1-24-48</u>	
19. (Date rec'd by registrar) <u>1/27/48</u>		Registrar <u>Releg Smith</u>	

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JAN 29 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
 City or town Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Worcester
 City or town Berlin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

Howard H. Dill

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Mary F. Dill
 6.(c) If alive, give age 32 years
 7. Birth date of deceased (mo., day, yr.) June 30, 1889
 8. AGE: Years 58 Months 6 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Hammington, Md.
 (Town, county, and state)

10. Usual occupation merchant Barber

11. Industry or business Retail

12. Name Hezekiah Dill

13. Birthplace Md.

14. Maiden name Lally Dunning

15. Birthplace Eastern Md

18. Informant Mrs. H. H. Dill

Address Berlin md

17. Burial, cremation, or removal. Which? Burial Date thereof 1/4/48
 (month) (day) (year)

Cemetery or crematory Buckingham

Location Berlin md

18. Funeral director Burns A. Burbage

Address Berlin md

19. 1-2 48 Helen F. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 19 48 at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Jan 19 48 to 1 Jan 19 48 and that I last saw him alive on 1 Jan 19 48

Immediate cause of death Acute Coronary Thrombosis
E. Pulmonary Edema

Due to 10 min

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. Dill 3 5
 M. D. or other _____

Address 5 Bay St, Berlin, Md Date signed 2 Jan 48

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JAN 5 1948
BUREAU OF

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JAN 5 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01027

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester
City or town Guadalupe - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1300 Humboldt 1 1/2 miles N.E. of Guadalupe 6 mi.
Slay in hospital or inst. (yrs., or mos., or days) _____
Slay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Worcester
City or town Newark (If outside city or town limits, write RURAL NEAR and give town)
Street No. _____ (If rural give LOCATION)
Ward No. _____

2(c) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Vivian Mammie Foreman

3. (b) Social Security Number

4. Sex 2 5. Color or race C. 6. (a) Single, married, widowed, or divorced S.

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 19, 1932

8. AGE: Years 15 Months 7 Days 26 It less than one day _____ hrs. _____ min.

9. Birthplace Newark, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Elysh Foreman

13. Birthplace md

14. Maiden name Annie May Deberry

15. Birthplace N. C.

16. Informant Elysh Foreman

Address Newark md.

17. Buried Date thereof 1/18/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Edgar Chapel

Location Newark md R L D.

18. Funeral director Denise A. Burroughs

Address Bethesda md

19. 1/19/48 Reddy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1948 at 3:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ on Jan 15th 1948

Immediate cause of death _____ DURATION _____

Virus Pneumonia

Due to Ed 19/48 age

Due to _____

Other condition Acute Indigestion (Chronic)

(Include pregnancy within 8 months of death)

Major findings: _____

Of operations _____

Of diseases Pneumonia (Bronchitis)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE N. E. Santorini M.D.

Address Providence City Md M. D. or other _____

Date signed 1/16/48

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PHYSICIAN

Please underline the cause in which death should be charged statistically.

CERTIFICATE OF DEATH

RECEIVED

JAN 22 1948

ST. PAUL

Verbal permit by
phone to A.A. Burbag
11/7/48 P.M. due to de-
layed death certifi-

latey permit
L.P. 351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
City or town Rural Berlin Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Anna C. Johnson
4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1870

8. AGE: Years 77 Months 7 Days 25 If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

12. Name Annies P. Single

13. Birthplace Delaware

14. Maiden name Mary E. Hudson

15. Birthplace Delaware

16. Informant Henry C. Johnson

Address Belleville Del.

17. Burial Date thereof Jan 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Johnson Cemetery

Location Belleville Dela P.O. #1

18. Funeral director Henry N. Watson

Address Berlin Md.

19. 1/25 48 John Hayward
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 Jan 19 48, at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 Jan 19 48 to 24 Jan 19 48

and that I last saw him/her alive on 24 Jan 19 48

Immediate cause of death

acute coronary thrombosis

Due to chronic degenerative myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Hayward M. D. or other

Address 5 Bag 80 Berlin Date signed 25 Jan 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 27 1948
SECRETARY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
5 weeks
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
413 Market St.
 How long in hospital or institution? 111111

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 301 Main Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war 111111 ✓

3. (a) FULL NAME

SARAH BLANCHE MOORE

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>B. Frazier Moore</u>			
7. Birth date of deceased (mo., day, yr.) <u>Deceased</u> <u>January 15, 1874</u>			
8. AGE: Years <u>74</u>	Months <u>0</u>	Days <u>6</u>	If less than one dayhrs.min.
9. Birthplace <u>Crisfield-Somerset-Md.</u> (Town, county, and state)			
10. Usual occupation <u>Housewife</u>			
11. Industry or business <u>Home</u>			
12. Name <u>John P. Tawes</u>			
13. Birthplace <u>Crisfield, Md.</u>			
14. Maiden name <u>Mary Susan White</u>			
15. Birthplace <u>Matthews County, Va.</u>			
16. Informant <u>Mrs. Roberta Callahan</u> Address <u>Pocomoke City, Md.</u>			
17. (Burial, cremation, or removal, Which?) Date thereof <u>Jan 23, 1948</u> (month) (day) (year) <u>Sunny Ridge Memorial</u> Cemetery or crematory <u>Hopewell, Crisfield, Md.</u> Location <u>H. Harvey Bradshaw</u> Funeral director <u>Crisfield, Md.</u> Address			
19. <u>Jan. 23, 1948</u> <u>Anne E. White</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23, 1948 at 8:55 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10, 1948 to Jan 21, 1948
 and that I last saw him alive on Jan 20, 1948

Immediate cause of death consequence of rupture of aorta
 & atherosclerosis
 DURATION 6 yrs
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE C. E. [Signature] M. D. or other
 Address [Signature] Date signed 1-24-48

RECORDED

JAN 26 1948

INDEXED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected copy is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01030

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
724 6th St.
 How long in hospital or institution? 111111

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 724 6th St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war 111111

3. (a) FULL NAME

LILLIE J. PARSONS

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife George Parsons
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) September 1, 1898
 8. AGE: Years 58 Months 4 Day 24 It less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke-Worcester-Md
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business Housework
 12. Name James H. Fisher
 13. Birthplace Worcester Co., Md.
 14. Maiden name Cora Sturgis
 15. Birthplace Worcester Co., Md.
 16. Informant George Parsons
 Address Pocomoke City, Md.
 17. Burial Date thereof Jan 29, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Halls Hill Cemetery
 Location Pocomoke City, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Pocomoke City, Md.

19. Jan. 29 1948 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1948 at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1947 to Nov 26 1948
 and that I last saw him alive on Jan 25 1948

Immediate cause of death Chronic Bronchitis DURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or otherAddress [Signature] Date signed 1-25-48

RECEIVED

JAN 31 1948

SECRET

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH

County Worcester
 City or town Winchester
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. NU

3. (a) FULL NAME

Rose M. Porter

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 4 - 19708. AGE: Years Months Days If less than one day
77 15 hrs. min.9. Birthplace Snow Hill, Worcester, Md
 (Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name George W. Porter13. Birthplace Maryland14. Maiden name Talitha Blader15. Birthplace Maryland16. Informant Mrs. Marion BrownAddress Snow Hill, Md17. Burial (burial, cremation, or removal) Winchester Date thereof Jan. 22/48
 (month) (day) (year)Cemetery or crematorium Winchester MethodistLocation Snow Hill, Md18. Funeral director Elmer E. DymmsAddress Snow Hill, Md19. 1/21/48 Elmer E. Dymms
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 19 48 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1946 to Jan 19 1948
 and that I last saw her alive on Jan 19 1948Immediate cause of death Bronchopneumonia
and gangrene left leg DURATION 1 dayDue to Cerebral apoplexy with
hemiplegia - due to 6 mo
 Due to arteriosclerosis unknownOther conditions Diabetes mellitus
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul Grey M. D. as witnessAddress Snow Hill Date signed Jan 21, 1948

RECORDED

JAN 24 1948

EX-111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01032

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Doomsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 72 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Levell Drummond Powell

3. (b) Social Security Number

213-05-7068

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Mrs. Ruth Powell6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) September 2-18758. AGE: Years 72 Months 4 Days 24 If less than one day hrs. min.9. Birthplace Doomsboro, Worcester Md.
(Town, county, and state)10. Usual occupation Solicitor for Lewis & Clark11. Industry or business Dye works12. Name Levell Drummond Powell13. Birthplace Maryland14. Maiden name Alice Bull15. Birthplace Virginia16. Informant Mrs. Ruth PowellAddress Doomsboro Md.17. Burial Date thereof Jan 8-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Presbyterian CemeteryLocation Doomsboro Md.18. Funeral director Shenandoah StationAddress Doomsboro Md.19. Jan 8 19 48 Anne E. White
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Doomsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Market St.
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1948 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to Jan 6 1948and that I last saw him alive on Jan 5 1948Immediate cause of death Myocardial Infarction DURATION 4 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

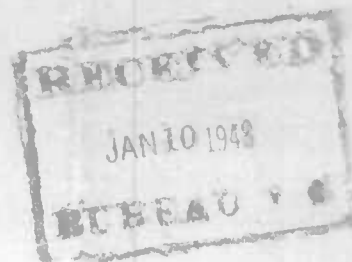
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Litchner M. D. or otherAddress Shenandoah Station Date signed 1-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 93d 01033
 Reg. Dist. No. 351

1. PLACE OF DEATH

 County Worcester
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas P. Selby

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emma Selby

7. Birth date of deceased (mo., day, year)

Feb. 3 - 1961

6. (c) If alive, give age, years

8. AGE:

8 yrs 10 mos 28 hrs.

9. Birthplace

Snow Hill, Worcester, Md
(Town, county, and state)

10. Usual occupation

Retired Miller

11. Industry or business

James H. Selby

12. Name

Maryland

13. Birthplace

Frickle, Parker

14. Maiden name

Maryland

15. Birthplace

M. John C. Selby

16. Informant

6961 Glenbrook Rd, Bethesda, Md

Address

Burial

17. (Burial, cremation, or removal, which?)

Whatcoat Methodist

Cemetery or crematory

Snow Hill, Md

Location

Elaine J. J. J. J.

18. Funeral director

Snow Hill, Md

Address

1/24 41 R. Roy Smith

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1948, at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to Jan 1948and that I last saw him alive on January 1, 1948

Immediate cause of death

Arteriosclerotic heart disease

DURATION

392

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Paul Chen M.D.
Snow Hill, Md Date signed 1/24/48

M. D. or other

